



Tennessee Department Of Children's Services
INFORMED CONSENT FOR SURGICAL PROCEDURE

Child's Name _____ DOB _____ Date _____

Social Security # _____ Facility _____

Home County _____ DCS Case Mgr. _____

Name of surgical procedure _____

Describe surgical procedure _____

Reason for Surgery/ Diagnosis _____

Expected benefits of surgery _____

Risks of Surgery _____

Location (hospital or office) where surgery will be performed _____

Surgeon's name and phone # _____

Post-surgical instruction, follow-up appointments, referrals, etc. _____

I have been informed of the recommendation that surgery be performed on me/my child. I have been informed of the nature of my/my child's condition, the risks and benefits of surgery, of other forms of treatment, as well as the risks of no treatment.

Based on the information provided to me: (check one)

☐ I give **PERMISSION/ CONSENT** to the above surgery.

☐ I **REFUSE** to allow the above surgery.

Patient's signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

Print Name _____ Relationship _____

Reasons parent cannot sign _____

DCS Health Unit Nurse _____ Date _____

Print Name _____ Region _____